

Texas Education Agency
Division of Federal and State Education Policy
State Performance Plan Indicator 14: Grade 12 Exit
Grade 12 Exiting Demographic Information

Indicator 14: Percent of youth who are no longer in secondary school, had Individualized Education Programs (IEPs) in effect at the time they left school, and were:

- A. Enrolled in higher education within one year of leaving high school.
- B. Enrolled in higher education or competitively employed within one year of leaving high school.
- C. Enrolled in higher education or in some other postsecondary education or training program; or competitively employed or in some other employment within one year of leaving high school.

(20 U.S.C. 1416(a)(3)(B))

Data for Indicator 14 must be entered by a Data Entry Agent or LEA certifier into the web based SPP 14 application by accessing TEASE at <https://sequin.tea.state.tx.us/apps/logon.asp>. **NOTE: This is a working copy only. Retain this form for your records.**

Section One: Student's Demographic Information (please print)

School Year		
School District Name		
Campus Name		
County District Number (6 digits)		
Campus Number (3 digits)		
ESC Region Number (1-20)		
Student's First Name		
Student's Last Name		
Student's SSN/Alt ID (9 digits)		
Student's Date of Birth		
Student's Gender (check one)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Student's Ethnicity	<p>The USDE requires that ethnicity and race be collected separately using a <i>specific two-part question</i>, presented in a specific order. Both parts of the question must be answered.</p> <p><u>Part 1. Ethnicity: Is the person Hispanic/Latino? Choose only one.</u></p> <p style="padding-left: 40px;"> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino </p> <p><u>Part 2. Race: What is the person's race? Choose one or more regardless of ethnicity.</u></p> <p style="padding-left: 40px;"> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White </p>	
Student's Primary Disability (check one)	<input type="checkbox"/> Auditory Impairment <input type="checkbox"/> Autism <input type="checkbox"/> Deaf-Blindness <input type="checkbox"/> Emotional Disturbance <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Multiple Disabilities <input type="checkbox"/> Noncategorical Early	<input type="checkbox"/> Orthopedic Impairment <input type="checkbox"/> Other Health Impairment <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Speech Impairment/ Language Impairment <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Visual Impairment

	Childhood	
Student's Instructional Setting (check one)	<input type="checkbox"/> No instructional setting (such as Speech only) (00) <input type="checkbox"/> Homebound (01) <input type="checkbox"/> Hospital class (02) <input type="checkbox"/> Vocational Adjustment Class/Program (08) <input type="checkbox"/> State Supported Living Centers (30) <input type="checkbox"/> Special Education Mainstream (40) <input type="checkbox"/> Resource Room/Services less than 21% (41) <input type="checkbox"/> Resource Room/Services at least 21% and less than 50% (42) <input type="checkbox"/> Self-contained class, Mild/Moderate/Severe, Regular Campus for at least 50%, less than 60% (43) <input type="checkbox"/> Self-contained class, Mild/Moderate/Severe, regular campus greater than 60% (44) <input type="checkbox"/> Residential Nonpublic School Program (50) <input type="checkbox"/> Nonpublic Day School (60) <input type="checkbox"/> Texas School for the Blind and Visually Impaired (70) <input type="checkbox"/> Texas School for the Deaf (71) <input type="checkbox"/> Residential Care and Treatment Facility, Mainstream (81) <input type="checkbox"/> Residential Care and Treatment Facility, Resource Services Room less than 21% (82) <input type="checkbox"/> Residential Care and Treatment Facility, Resource Room/Services 21%-49% (83) <input type="checkbox"/> Residential Care and Treatment Facility, Self-Contained, Regular Campus 50%-60% (84) <input type="checkbox"/> Residential Care and Treatment Facility, Self-Contained, Regular Campus greater than 60% (85) <input type="checkbox"/> Residential Care and Treatment Facility, Separate Campus (86) <input type="checkbox"/> Residential Care and Treatment Facility, Community Class (87) <input type="checkbox"/> Residential Care and Treatment Facility, Vocational Adjustment Class Program (88) <input type="checkbox"/> Residential Care and Treatment Facility, Full Time, Early Childhood Special Education Setting (89) <input type="checkbox"/> Off Home Campus, Mainstream (91) <input type="checkbox"/> Off Home Campus, Resource Room/Services less than 21% (92) <input type="checkbox"/> Off Home Campus, Resource Room/Services 21%-49% (93) <input type="checkbox"/> Off Home Campus, Self-Contained, Mild, Moderate/Severe, Regular Campus 50%-60% (94) <input type="checkbox"/> Off Home Campus, Self-Contained, Mild, Moderate/Severe Regular Campus 60% or more (95) <input type="checkbox"/> Off Home Campus, Separate Campus (96) <input type="checkbox"/> Off Home Campus, Community Class (97) <input type="checkbox"/> Off Home Campus, Full Time, Early Childhood Special Education Setting (98)	

Section Two: Student's Contact Information (please print)

<input type="checkbox"/> Address in USA <input type="checkbox"/> Address outside USA	
Student's First Name	
Student's Last Name	
Street Address Line one	
Street Address Line two	
City	
State	
Zip Code	
Country	
Phone Number	Home: () - Cell: () - Work: () -
Email	Primary:

	Secondary:
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Section Three: Parent/Guardian/Emergency Contact Information (please print)

<input type="checkbox"/> Address in USA		<input type="checkbox"/> Address outside USA	
Parent's First Name			
Parent's Last Name			
Street Address <small>Line one</small>			
Street Address <small>Line two</small>			
City			
State			
Zip Code			
Country			
Phone Number	Home: () - Cell: () - Work: () -		
Email	Primary: Secondary:		

Section Four: Additional Contact Information (please print)

(Someone who will know how to contact the student one year from now)

<input type="checkbox"/> Address in USA		<input type="checkbox"/> Address outside USA	
First Name			
Last Name			
Street Address <small>Line one</small>			
Street Address <small>Line two</small>			
City			
State			
Zip Code			
Country			
Phone Number	Home: () - Cell: () - Work: () -		
Email	Primary: Secondary:		

Section Five: Post-School Goals

What post-school goals are included in the student's IEP for the period immediately following exit from high school? (Check all that apply)
<input type="checkbox"/> Enroll in training/technical school, community college or university <input type="checkbox"/> Competitive employment (including military) <input type="checkbox"/> Develop functional and/or independent living skills <input type="checkbox"/> Postsecondary goals were not included